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DATE: January 11, 2006

PTO IDENTIFIER: Application Number 10/826,743-Conf. #1363

Inventor: Sianne Nakajima et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: EDWARDS ANGELL, PALMER & DODGE LLP

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Attorney Dkt. #: 60583(50530)

PAGES (Including Cover Sheet): 40

CONTENTS:

Amendment Transmittal (1 page)
Fee Transmittal (1 page)
Petition for Three-Month Extension of Time (1 page)
Amendment (35 pages)
Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)

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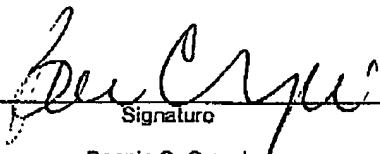
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Application No. (if known): 10/826,743

Attorney Docket No.: 60583(50530)

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Amendment Transmittal (1 page)

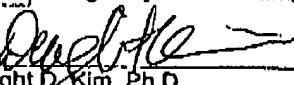
Fee Transmittal (1 page)

Petition for Three-Month Extension of Time (1 page)

Amendment (35 pages)

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AMENDMENT TRANSMITTAL LETTER				Docket No. 60583(50530)	
Application No. 10/826,743-Conf. #1363	Filing Date April 16, 2004	Examiner B. Kille	Art Unit 1624		
Applicant(s): Suanne Nakajima et al.					
Invention: QUINOXALINYL MACROCYCLIC HEPATITIS C SERINE PROTEASE INHIBITORS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	22	- 22 =		x	
Independent Claims	2	- 2 =		x	
Multiple Dependant Claims (check if applicable) <input checked="" type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 04-1105 in the amount of \$ 1020.00 . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Dwight D. Kim, Ph.D. Attorney Reg. No.: 57,665					
Dated: January 11, 2006					
EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 439-4444					

PTO/SB/17 (12-04v2)

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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,020.00)

Complete if Known

Application Number	10/826,743-Conf. #1363
Filing Date	April 16, 2004
First Named Inventor	Suanne Nakajima
Examiner Name	B. Kifle
Art Unit	1624
Attorney Docket No.	60583(50830)

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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
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50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
22	- 20 = 2	x	=			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
2	- 14 = 2	x	=			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 = 0	/50 (round up to a whole number) x		

4. OTHER FEE(S)

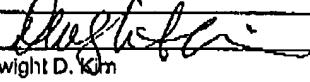
Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., Int'l filing surcharge): 1253 Extension for response within third month

1,020.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	57,665	Telephone	(617) 439-4444
Name (Print/Type)	Dwight D. Kim			Date	January 11, 2006